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PTO/SB/11 (08-04)

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TRANSMITTAL  
FORM

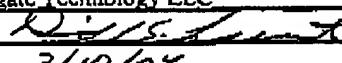
(To be used for all correspondence after initial filing)

Application Number	09/851,767
Filing Date	May 9, 2001
First Named Inventor	Ying EE Yip
Art Unit	2651
Examiner Name	Rodriguez, Glenda P.
Total Number of Pages in This Submission	5
Attorney Docket Number	SIL9863

## ENCLOSURES (Check all that apply)

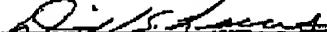
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy or Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David K. Lucenti, Reg. No. 36,202 Seagate Technology LLC
Signature	
Date	3/10/04

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Washington, DC 20231 on this date:

Typed or printed name	David K. Lucenti	Date	03/10/2004
Signature			

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PTO/SB/17 (10-03)

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 330.00)

## Complete if Known

Application Number	09/851,767
Filing Date	May 9, 2001
First Named Inventor	Ying EE Yip
Examiner Name	Rodriguez, Glenda P.
Art Unit	2651
Attorney Docket No.	STL9663

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None Deposit Account:

Deposit Account Number	19-1038
Deposit Account Name	

The Director is authorized to: (check off that apply)

Charge fee(s) indicated below  Credit any overpayments

Charge any additional fee(s) or any underpayment of fee(s)

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)
1001 770	2001 385
1002 340	2002 170
1003 530	2003 265
1004 770	2004 385
1005 160	2005 80
SUBTOTAL (1) (\$)	

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20*	=	x
Multiple Dependent	- 3** =	x	=

Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)
1202 16	2202 9
1201 80	2201 43
1203 280	2203 145
1204 86	2204 45
1205 16	2205 9
SUBTOTAL (2) (\$)	

\*or number previously paid, if greater. For Reissues, see above

## FEE CALCULATION (continued)

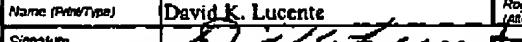
## 3. ADDITIONAL FEES

Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)
1051 130	2051 65
1052 50	2052 25
1053 130	2053 130
1812 2,520	1812 2,520
1804 920	1804 920
1805 1,840	1805 1,840
1251 110	2251 55
1252 420	2252 210
1253 550	2253 475
1254 1,480	2254 740
1255 2,010	2255 1,005
1401 330	2401 165
1402 330	2402 165
1403 280	2403 145
1451 1,510	1451 1,510
1452 110	2452 55
1403 1,330	2463 665
1501 1,330	2501 665
1502 480	2502 240
1503 640	2503 320
1400 130	1400 130
1807 60	1807 60
1808 160	1808 160
0021 40	8021 40
1809 770	2809 395
1810 770	2810 385
1801 770	9001 385
1802 800	8002 900
SUBTOTAL (3) (\$)	

Fee Paid

330.00

(Complete if applicable)

Name (Print/Type)	David K. Lucente	Registration No. (Attorney/Agent)	36,202	Telephone	720-684-2295
Signature					
	Date March 10, 2004				

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file and by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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cont  
3-16-04

PTO/SB/31 (08-03)  
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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional)
		STL9663
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on <u>3/10/04</u>		In re Application of <b>Ying EE Yip, et al.</b> Application Number <u>09/851,767</u> Filed <u>May 9, 2001</u> For <b>Pattern-Based Defect Description Method</b> Art Unit <u>2651</u> Examiner <u>Rodriguez, Glenda P.</u>
Signature <u>David K. Luente</u> Typed or printed name <u>David K. Luente</u>		
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.		
The fee for this Notice of Appeal is (37 CFR 1.17(b)) <u>\$ 330.00</u>		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <u>\$ _____</u> <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>19-1038</u> . I have enclosed a duplicate copy of this sheet. <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.36(a) (PTO/SB/22) is enclosed.		
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <span style="float: right;">Signature</span> <input type="checkbox"/> assignee of record of the entire interest. <span style="float: right;">Signature</span> See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98) <input type="checkbox"/> attorney or agent of record. <span style="float: right;">Signature</span> Registration number <u>_____</u> <input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). <span style="float: right;">Signature</span> Registration number if acting under 37 CFR 1.34(b). <u>36,202</u> <span style="float: right;">Signature</span> <span style="float: right;">Typed or printed name</span> <span style="float: right;">(720) 684-2295</span> <span style="float: right;">Telephone number</span>		
<b>NOTE:</b> Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		

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